

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031748

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 77

Primary Registration District No. 5303

Registrar's No. 339

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0260

2 0269

3

4 1

5 0

6

7 0

8 2

9 331x

10

11

12 860

13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 5 1963

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Jefferson City

Length of stay in lb

three years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONHighway 54 S.
McCallister Rest Home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cole

c. CITY

OR

Jefferson City

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS

413 E. McCarty St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

SUSAN

Middle

MARGARET

Last

OVERSTREET

4. DATE

OF

DEATH

Month

August

Day

30th

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/27/1879

9. AGE (last birthday)

83

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Linotype Operator (Ret)

10b. KIND OF BUSINESS OR INDUSTRY

Newspaper

11. BIRTHPLACE (City and state or country)

Callaway Co., Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Rush Overstreet

13b. MOTHER'S MAIDEN NAME

Frances Smith

14. NAME OF HUSBAND OR WIFE

Never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No None

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Jessie Gipfert Jefferson City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage
Cerebral arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic gastritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-12-63 to 8-30-63 and last saw her alive on 2-26-63
Death occurred at 2:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREATION, REMOVAL (Specify)

Burial

23b. DATE

Sept 1 1963

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Cemetery

23d. LOCATION (City, town, & county)

Fulton, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Donald P. Freeman Jefferson City, Mo.

25. DATE RECD. BY LOCAL REG.

31 August 1963

26. REGISTRAR'S SIGNATURE

Pharm E. Richter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

61-133-861

61-133-861

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donald R. Freeman

Licensed Embalmer No.

4623

P. O. Address

Freeman

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.